



PLACEMENT SCREENING MODULE



Placement Screening

- ✓ Placement Screening Profile
- ✓ Financial/Household
- ✓ Youth Info
- ✓ Substance Abuse
- ✓ Legal
- ✓ ASAM
- ✓ Diagnosis
- ✓ Recommended Level of Care
- ✓ Program Enrollment

Placement Screening OWI

Placement Screening OWI Profile

1. Entry Steps: Client Profile, Intake,
2. You have completed the **Client Profile** and **Intake**. Go to **Client List** and use the **Activity List** hyperlink to select your client.

Note: If you accidentally select the wrong client, use the menu at the far left to return to **Client List**.

3. Select **Crisis and Placement** in the **Activity List** left-hand sub-menu. You will be placed in the **Placement Screening OWI Profile**, the first of 9 screens. Though the **Program Enrollment** screen is not physically a part of the **Placement Screening** module, we consider it necessary for the Placement Screening process.

4. **Read-Only Fields:** Full Name, Referral Source, Gender, DOB, County of Residence, Race, Ethnicity, and Age. Most of this data was entered via the **Client Profile**. To correct inaccuracies, return to the **Client Profile**.

I-SMART Training - Microsoft Internet Explorer provided by Iowa Dept. of Public Health
 https://train.i-smart.org/System.aspx

User: Schaller, Elizabeth
 Loc: Iowa Department of Public Health, IDPH Comprehensive Treatment
 Client: Brandstat, Terry | 5602085698 | Case #: 1

Generate Report
 Printable View
 February 2013
 Logout

Placement Screening/OWI Profile

Full Name: Brandstat, Terry
 Referral Source: Health Care Provider
 Gender: Male
 DOB: 2/8/1956
 County of Res.: Out of State
 Race: Caucasian
 Ethnicity: Not Spanish/Hispanic/Latino
 Age: 57

Basis for Decision
 Potential Client for SA: [v]
 Potential Client for MH: [v]
 Potential Client for TB: [v]

Treating Here For: 1-SA
 Est. Duration of TX (days): [v]
 Days Waiting: 0

Client Type: [v]
 Admission Type: [v]
 Admission Staff: Schaller, Elizabeth
 Screening/Admission for Concerned Person: No
 Placement Screening Date: 2/27/2013
 Crisis Intervention Date: [v]

of Prior SA TX Admissions in the Last 10 Years: 0
 # of Non-TX SA Related Hospitalizations in Past 6 Months: 0
 # of Prior MH TX Admissions: 0
 # of Prior MH Hospitalizations: 0
 # of Months Since Last Discharge: 0

Past IV Drug Use: Yes
 Mental Health Problem: 1-Yes
 Methadone Maintenance Planned: No
 Education: 0-0 Years
 Veteran Status: 5-Armed Forces/On Active Duty; Cor
 Pregnant: No
 Due Date: [v]

Cancel Save Finish

Placement Screening OWI

Admission Profile

- Problem Area:** One of the objectives in the placement screening is to assess the clients need for treatment and the appropriate level of care. You can see that many fields are available, but not all are required by either the system or Iowa. For example, the first three questions refer to whether the client might potentially have a substance abuse (SA), mental health (MH) or traumatic brain injury (TBI) problem.
- The **Event Type** field will always be "Placement Screening".
- Fill in the appropriate placemant screening date.
- The **Admission Staff** is pre-populated based on the user's name.

WITS I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Client, Testing | 6711049867 | Case #: 1

October 2011
Print Report Print View Logout

Admission Profile for Client, Testing

Full Name: Client, Testing County of Res. Allamakee
Referral Source: Other Individual Race: American
Gender: Female Ethnicity: American, Black/African
DOB: 11/4/1967 Age: 44
American, Caucasian
Puerto Rican

Basis for Decision
Potential Client for SA
Potential Client for MH
Potential Client for TBI
Est. Duration of TX (days) Treating Here For 1-SA Days Waiting 2

Client Type
Admission Type 1-Admission
Admission Staff Cleland, Lonnie
Admission Date 10/29/2010
Screening/Admission for Concerned Person No
Event Type 1-Admission
Placement Screening Date 10/27/2009
Crisis Intervention Date

of Prior SA TX Admissions in the Last 10 Years 23
of Non-TX SA Related Hospitalizations in Past 6 Months 0
of Prior MH TX Admissions
of Prior MH Hospitalizations
of Months Since Last Discharge 0
Past IV Drug Use No
Mental Health Problem Yes
Methadone Maintenance Planned No
Education 17-17 Years
Veteran Status 8-National Guard/Combat History
Pregnant 2-No Due Date

Cancel Save Finish

Placement Screening OWI

Admission Profile

9. **Days Waiting:** The number of days elapsed between when the date of first contact and the date of the placement screening.
10. **Historical Information:** The questions at the bottom of the screen are used to collect the number of times the client has been treated in various settings as well as other historical information that may change over time.
11. Click **Next** to proceed to **Financial** and **Household** information screen.
12. Click **Next** to proceed to **Financial** and **Household** information screen.
13. Note: All required fields are highlighted in yellow color. The status of the module in the **Activity List** will remain **In Progress** until all required fields are entered. You cannot enter services until the **Intake** and **Admission** Modules are completed.

WITS I-SMART User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
 Client: Client, Testing | 6711049867 | Case #: 1

Print Report Print View

October 2011 MedlinePlus Logout

Admission Profile for Client, Testing

Full Name: Client, Testing County of Res. Allamakee
 Referral Source: Other Individual Race: American
 Gender: Female Ethnicity: Indian, Black/African
 DOB: 11/4/1967 Age: Puerto Rican
 44

Basis for Decision
 Potential Client for SA [v] [v]
 Potential Client for MH [v] [v]
 Potential Client for TBI [v] [v] Days Waiting: 2
 Est. Duration of TX (days) [v] Treating Here For: 1-SA [v]

Client Type [v] Event Type: 1-Admission
 Admission Type: 1-Admission
 Admission Staff: Cleland, Lonnie
 Admission Date: 10/29/2010
 Screening/Admission for Concerned Person: No

Placement Screening Date: 10/27/2009
 Crisis Intervention Date: [v]

of Prior SA TX Admissions in the Last 10 Years: 23
 # of Non-TX SA Related Hospitalizations in Past 6 Months: 0
 # of Prior MH TX Admissions: [v]
 # of Prior MH Hospitalizations: [v]
 # of Months Since Last Discharge: 0

Past IV Drug Use: No
 Mental Health Problem: Yes
 Methadone Maintenance Planned: No
 Education: 17-17 Years
 Veteran Status: 8-National Guard/Combat History
 Pregnant: 2-No Due Date: [v]

Cancel Save Finish

Left Sidebar:
 Home Page
 Agency
 Group List
 Client List
 Client Profile
 Linked Consents
 Non-Episode Contact
 Activity List
 Intake
 Wait List
 Treatment Team
 Assessments
 Crisis and Placement
 Admission
 Profile
 Financial/Household
 Youth
 Substance Abuse
 Legal
 ASAM
 Diagnosis
 Treatment Team
 Program Enroll
 Notes
 Treatment
 Outcomes
 Discharge
 Follow Up
 Consent
 Referrals
 Episode List
 System Administration
 My Settings
 Reports
 Support Ticket

Placement Screening OWI

Financial, Household, Youth

15. **Financial Info:** This section captures some basic information about the client's financial situation.
16. The information for income from SSI/SSDI is under the **Other Income Sources** which allows you to pick multiple options.
17. **Household Composition:** These questions help to establish the living arrangements of the client at time of admission. More detailed questions about their living circumstance may be captured in the TAP.
18. Click **Next** to proceed to Youth.
19. **Youth Admission:** This section is only required if the client is under 18 years old. Use the **Add Contact** hyperlink to add the details of the **School Contact** in the **Client Profile>Contacts** if not already listed.
20. Click **Next** to proceed to **Substance Abuse**.

WITS I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Client, Testing | 6711049867 | Case #: 1

Print Report Print View

October 2011 Logout

Please note that the admitted date is more than one year ago.

Client Admission for Client, Testing

Financial Info

Employment Status: **NL01-Homemaker** Primary Income Src: **12-Family/Friends**
 Months Emp in Last 6 Months: **5** Expected Payment Src: **17-Workers Compensation**
 Employer: **2-Sales/Clerical** Insurance Type: **12-Blue Cross/Blue Shield**
 Annual Household Income: **\$9.00** Covers Substance Abuse Treatment: **No**
 Client's Monthly Gross: **\$9.00**

Other Income Sources: **0-None** Other Income Sources Selected: **11-Wages/Salary**
12-Family/Friends
13-Public Assistance

Household Composition

Household Composition: **15-With children alone** Marital Status: **4-Separated**
 Living Arrangement: **15-With children alone** # of People Living With Client: **5**
 # of Children Under 17 Living/Not Living w/Client: **5**
 # of Children Spent Last 6 Mos Living w/Client: **5**
 Children Living With Someone Else Because of Protection Order: **Yes**

Relation to Client: **Aunt(s)** Living with Client: **Yes**
Brother(s)
Daughter(s)

Cancel Save Finish

WITS I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
Client: Client, Testing | 6711049867 | Case #: 1

Print Report Print View

Client Admission for Client, Testing

Youth Admission

Client is a Student: **Yes** Client is a Gang Member: **No**
 Guardian Name: **Guardian Name**
 Guardian Type: **Guardian Type**
 School Name: **School Name**
 School Contact: **School Contact** [Add School Contacts](#)
 Attending Grade: **Attending Grade** Days Suspended in Last 30 Days: **Days Suspended in Last 30 Days**
 Current GPA: **Current GPA** Days Absent in Last 30 Days: **Days Absent in Last 30 Days**

Cancel Save Finish

Placement Screening OWI

Substance Abuse

21. **Substance Abuse:** This section should be completed for all substance abuse clients, but not for concerned other admissions. Once you select a **Primary Substance**, you must complete the associated **Frequency** and **Method** drop downs. Follow the same process for **Secondary** and **Tertiary** substances if appropriate.
Note: You cannot have a **Secondary** substance without a **Primary**.
21. **Use:** You must also complete the **First Use** and question if a substance has been indicated in the upper section of this form.
22. **Other Additions:** You may use the mover box to document additional additions.
23. Click **Next** to proceed to **Legal**.

The screenshot shows the 'Substance Abuse' section of the 'Client Admission for Client, Testing' form. The form is for a client named Cleland, Lonnie, at the Iowa Dept. of Public Health, Test Facility. The form includes a sidebar with navigation links and a main content area with various input fields and dropdown menus.

Substance Abuse Section:

Rank	Substance	Severity	Frequency	Method
Primary:	24-Heroin		11-1 to 3 times in the pa	3-Inhalation
Secondary:	23-Marijuana/Hashish		13-3 to 6 times per week	3-Inhalation
Tertiary:	0-None	N/A	17-N/A	0-N/A

Was the Substance prescribed to the client? Primary: Yes Secondary: Yes Tertiary: N/A

At what age did the client FIRST use the substances indicated above (if unknown, enter '97') Primary: 12 Secondary: 12 Tertiary: 96

of DAYS since LAST use of the substances indicated above: Primary: Secondary: Tertiary:

of Days Abstinent in Last 30 Days: # of Days in Support Group in Last 30 Days: # of Days Attended AA/NA/Similar Meetings in Last 30 Days: # of Days of Work/School Missed in Last 6 mo. Due to SA Related Problems:

Other Addictions: 3-Compulsive Disorder, 0-None, 4-Eating Disorder, 6-Other

Selected Other Additions: 5-Gambling

Does Client Currently Use Tobacco: 1-Cigarettes

Daily Frequency of Cigarette Use: 1-less than 1/2 pack

Last SA Env. in Last 10 Yrs: 19-Extended outpatient

Comments:

Buttons: Cancel, Save, Finish, Navigation arrows

Placement Screening OWI

Legal History

27. **Legal History:** Indicate the number of incidences as appropriate to the question by typing in a number in the appropriate text box.
28. Click **Next** to proceed to the **ASAM** screen.

The screenshot shows the 'Legal History' section of the WITS I-SMART application. The top header includes the WITS I-SMART logo, user information (User: Cleland, Lonnie; Loc: Iowa Dept. of Public Health, Test Facility; Client: Client, Testing | 6711049867 | Case #: 1), and printer icons. A navigation menu on the left lists various system functions. The main content area displays a 'Legal History' form with a 'Legal Status' dropdown menu (options: None/No Involvement, No Response, Commitment, Court order for observation and evaluation) and a 'Selected Legal Status' field. Below this are several input fields for arrest and OWI statistics: '# of Arrests in Lifetime', '# of Arrests in Past 12 Months' (value: 4), '# of Arrests in Past 30 Days' (value: 1), 'OWI in the last 12 months' (value: 1), 'Non-drug or alcohol-related crime while under the influence in the last 12 months' (value: 1), 'Non-drug or alcohol-related crime while not under the influence in the last 12 months' (value: 1), and 'Drug or alcohol-related crime in the last 12 months' (value: 1). At the bottom right, there are 'Cancel', 'Save', and 'Finish' buttons, along with a double-headed arrow.

Placement Screening OWI

ASAM

29. **ASAM:** Select the appropriate level of care for each ASAM dimension and provide necessary comments for your selection. Select the appropriate level of care in the drop down menu. Leave the Actual Environment and Clinical override fields blank as this is only an assessment.

30. Click **Next** to proceed to **Diagnosis**.

WITS I-SMART User: Cleland, Lonnie
Loc: Iowa Dept. of Public Health, Test Facility
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Print Report Print View

ASAM — PPC2R

Dimension	Level of Risk	Level of Care	Comments
1 - Acute Intoxication and/or Withdrawal Potential	2	II.1	9999 4444 2222
2 - Biomedical Conditions and Complications			
3 - Emotional, Behavioral, or Cognitive Conditions and Complications			
4 - Readiness to Change			
5 - Relapse, Continued Use, or Continued Problem Potential			
6 - Recovery / Living Environment			

Recommended Environment: 19-Extended outpatient
Actual Environment: 19-Extended outpatient

Clinical Override: 0-N/A

Comments:

[ASAM Notes](#)

Cancel Save Finish

Placement Screening OWI

Client Diagnosis

31. **Select Primary Diagnosis:** If you know the diagnostic code, you can choose the appropriate diagnosis by clicking the drop down field. Then hold down the number of the code to scroll to the proper selection. For example, the client's diagnosis is 303.90. Simply click on the field and hold the 3 key down until the desired selection scrolls into view. Select **Secondary** and **Tertiary** diagnoses in this same manner.
 - **Note:** If a diagnosis was entered in the Crisis or Placement Screening preceding this admission, it will not be brought forward to populate this screen.
32. In this same manner, enter the appropriate **Priority (Primary, Secondary, or Tertiary)** for each diagnosis you enter.
33. To add diagnostic codes to the Axes, click the **Edit Axis Evaluation** hyperlink. This will open the Axis Evaluation screen. You can then choose the appropriate diagnosis to add to the axis. For example, Choosing Alcohol Dependence and clicking the **Add to Axis** hyperlink in the Axis I box adds this diagnosis to Axis I.
34. In this same way, you can continue adding to either Axis I or the other Axes as desired.
35. **Finish** will take you back to the Client Diagnosis screen with diagnoses added to each axis.

Admission

Treatment Team

Getting here: Click on either the main menu item **Tx Team** or in **Admission/Treatment Team**. This screen allows you to record all the members of the treatment team. The treatment team may be composed of staff and non-staff persons.

Note: If you entered this information in the Admission module it will pre-populate here.

- When you enter this screen, the lower half is grayed-out. Click on the link for **Add Team Member** to add one treatment team member at a time.
- Select either a **Staff** or **Non-staff Name**, their **Role/Relation**, and **Start Date**.
- Review Member:** Indicates whether the team member is a member of the **Treatment Review** team. Any member of the **Treatment Review** team will have a signature line on the client's **Treatment Plan**.
- Select Yes or No for the **Primary Care Staff** field to indicate if the person you are adding to the team is the client's primary staff member. Each client can have only one **Primary Care Staff**. **Note:** Selecting staff as **Primary Care Staff** allows the user to search for clients for whom a specific counselor is **Primary Care Staff** by using the search function on the **Client Search** screen.
- Select Yes or No for the **Deny Access to Client Records**. You should usually select No so that this member of the treatment team will be able to view the client's record.

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Treatment Team

Team Member Name	Is Primary Care Member?	Review Member	Role/Relation	Start Date	End Date	Actions

Assign Group Add Team Member

Staff Name Start Date End Date

Non Staff Name Notes

Role/Relation Add Contact

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Treatment Team

Team Member Name	Is Primary Care Member?	Review Member	Role/Relation	Start Date	End Date	Actions
Cleland, Lonnie	Yes	Yes	Primary Care Staff	12/7/2011		Review

Assign Group Add Team Member

Staff Name Start Date End Date

Non Staff Name Notes

Role/Relation Add Contact

Review Member

Primary Care Staff

Deny Access to Client Records

Cancel Save Finish

TREATMENT TEAM

8. **Note:** The drop-down list for non-staff member comes from the contact list setup in the Client Profile. If you do not see the name of the person you are trying to add to the team, you need to first add that person to **Collateral Contacts**.
9. Click on the link for **Add Contacts** which will take you to the **Collateral Contacts** screen. You can add the details there, save, and then come back here to add the person to the team.
10. To add a group of people to a client's treatment team at one time, click the **Assign Group** hyperlink. The groups were created in the Agency module.
11. Click the desired group from the **Available Groups** list and click the right pointing arrow to select the group. Then click **Assign**, this will add all of the individuals from the group to the **Treatment Team**.
12. Click **Finish** to return to the **Activity List** Screen.

Admission

Program Enrollment

This module allows you to record the client's enrollment in and transition through multiple programs within a facility.

36. Click the **Add Enrollment** hyperlink to enroll the client in a new program. You may also use the **Review** hyperlink to change previously entered enrollment information. **Delete** will delete a program enrollment unless it is associated with an completed **Encounter**.
37. Select the appropriate facility which will then populate the appropriate Programs under **Program Name**.
38. Complete all other information as needed.
Note: Clients can be enrolled in only one level of care at a time. Each program is associated with a level of care at the time the program is set up in the Agency/Facility module. Client can be enrolled in more than one program at a time if the programs are in the same level of care.
36. Click **Save** to save the data you just entered in the table at the top.
37. Click on **Add Enrollment** each time you want to enroll the client in a new program and follow the above steps.
Note: If a client moves from one program to another, you should unenroll her/him from the first program and then enroll the client in the next. (See next page)

The screenshot shows the 'Program Enrollment' table in the I-SMART application. The table has columns for Program Name, Start Date, End Date, Facility, Notes, and Actions. There are two rows of data: 'Extended Outpatient' and 'Assessment'. The 'Assessment' row has a start date of 10/27/2010. The 'Add Enrollment' button is visible in the top right corner of the table area.

Program Name	Start Date	End Date	Facility	Notes	Actions
Extended Outpatient	2/24/2011		Test Facility		Review Delete
Assessment	10/27/2010		Test Facility		Review Delete

The screenshot shows the 'Program Enrollment Profile' form in the I-SMART application. The form includes fields for Facility (Test Facility), Program Name (Extended Outpatient), Start Date (2/24/2011), End Date, Program Staff (Schaller, Steve), Termination Reason, and Notes. The 'Save', 'Cancel', and 'Finish' buttons are at the bottom right.

Admission

Program Enrollment

41. Unenrolling and changing programs : If a client is ending treatment in a program or transferring from one program in one level of care to a different program in either the same or different level of care the process is the same.
42. **Review** will open the Program Enrollment screen for editing.
43. Change **Currently Enrolled** to **No**.
44. Complete the **Tx Completed**, **End Date** and **Termination Reason** fields. Add Notes if desired.
45. Click **Save** to save the data you just entered in the table at the top.
46. Click on **Add Enrollment** each time you want to enroll the client in a new program and follow the above steps.

WITS I-SMART User: Cleland, Lonnie
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 Client: Client, Testing | 6711049867 | Case #: 1

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Program Enrollment Profile

Facility: Test Facility

Program Name: Assessment Start Date: 10/27/2010 End Date: 10/27/2010

Program Staff: Cleland, Lonnie

Termination Reason: [Dropdown]

Notes: [Text Area]

Cancel Save Finish

WITS I-SMART User: Cleland, Lonnie
 Loc: Iowa Dept. of Public Health, Test Facility
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Program Enrollment [Add Enrollment](#)

Program Name	Start Date	End Date	Facility	Notes	Actions
Extended Outpatient	2/24/2011		Test Facility		Review Delete
Assessment	10/27/2010	10/27/2010	Test Facility		Review Delete

Finish